

Roses, Music, Misocapnists, and Smoking

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During a scholarly discussion of tobacco and the economy at an international conference on smoking and health in 1971, one delegate rose to remark, "Let us export roses instead of tobacco and let that be the slogan of this conference."

The speaker was warmly applauded for this happy, tongue-in-cheek solution to a complicated health problem. But the First European Conference on Smoking and Health, held at the West German spa of Bad Homburg, near Frankfurt, nevertheless decided to stick by its conference slogan, "Ich rauche nicht mehr."

Two weeks later, at the Second World Conference on Smoking and Health, in London, four schoolboys told smoking experts from 25 countries what was wrong with their antismoking approach to young people. The four then projected slides to show their own ideas on the right approach.

At a plenary session of the same conference, one delegate charged, in a decidedly minority opinion, that the smoking and health issue was a "red herring to distract attention from the horrible pollution of the atmosphere by the diesel engine." (This man was said to be the only one seen smoking a cigarette at a formal reception given for 400 conference participants at historic Lancaster House.)

As these incidents suggest, there are few dull moments and not a few surprises when physicians, health workers, behavioral scientists, psychologists, economists, and communications experts convene to report on what is being done in their fields and in their countries to combat cigarette smoking as a health hazard.

Surprises at Meetings

Among the surprises at the London meeting was a report from Sweden that cigarette manufacturers there had taken out newspaper and magazine advertisements—not to promote their brands, but to urge smokers to smoke less, inhale less, cut down on intake of tar, nicotine, and carbon monoxide, and be considerate of nonsmokers around them. As one American observed, this is the kind of thing that would raise quite a few eyebrows on Madison Avenue. But perhaps it's not all that unusual in a country which recently rejected advertising of three cigarette brands (Kent, Marlboro, and Minden) because the ads suggested that smoking was smart, sophisticated, and associated with healthful sports activities.

Another surprise at the London conference was the suggestion of an American delegate to bring cigarette advertising back to television. Michael Pertschuk, who is chief counsel to the U.S. Senate Commerce Committee, proposed that cigarette television commercials, now outlawed, be permitted experimentally for brands carrying less than 10 mg. of tar (about half as much as popular brands now carry), but only on condition that the station agree to run a fixed ratio of anti-smoking ads to cigarette commercials. The spots would be shown only after 10 p.m. The suggestion

has the merit of reaching two important audiences at the same time; it would increase antismoking spots to encourage smokers to quit and provide hard-core smokers with incentives to reduce the hazards of smoking.

Television is the key to success, according to several of the conferees. Irving Rimer of the American Cancer Society said this medium could do more to reduce cigarette smoking in America than any other educational approach. Others praised the media in general for generous coverage of smoking developments and for helping to create a favorable climate in which health educators can do their work.

Just 4 years before, at the First World Conference on Smoking and Health, doubts were expressed that the media could influence smoking behavior. In fact, the skeptics said that antismoking stories could create tension and cause people to smoke more, rather than less.

No such sentiment was heard at the smoking conferences in September 1971. Nevertheless, those at the London meeting were cautioned against overdoing health messages in the media. A British broadcast executive warned it would be unfortunate if "everyone who had a message to preach at you used television, leaving nothing bad to be shown. Pushed to the limit, you get a world of Little Lord Fauntleroy, a perilous path." A London newspaperman made it clear that "it was not the function of the press to be a missionary for every health cause."

An observer might assume it is the editor's responsibility to avoid such pitfalls. On this point a speaker at Bad Homburg said that editors who are responsive to their social and cultural responsibilities are giving more coverage to problems they believe are in the public interest, and smoking is such a problem. By way of illustrating the influence of the media on smoking behavior, he pointed out that the wide coverage of important research studies and reports on smoking had led directly to four major drops in tobacco consumption in the United States since 1948.

Smoking Cessation

As expected, smoking cessation was a major topic at both conferences. Efforts to change smoking behavior, however, have so far been less than a resounding success, despite the use of such diverse methods of treatment as drugs, psychotherapy, aversion therapy (electric shock and so forth), and hypnosis. Too little is known about

Translation of a Swedish tobacco company's advertisement (right)

"Gullan Dear, Now You Have Been Smoking Too Far Again"

Many people appreciate a cigarette now and then. If you avoid inhaling and extinguish your cigarette more than 1 centimeter before the filter or when there are 2-3 centimeters left if you smoke a non-filter cigarette, then you smoke more sensibly.

You don't miss the taste of tobacco but you avoid a lot of nicotine, tar, and carbon monoxide.

In the first drags the smoke goes through the whole cigarette. Most of the nicotine and tar will then get caught by the tobacco and the filter.

The further in on the cigarette you smoke, the less filter effect you get.

Therefore extinguish more than 1 centimeter before the filter. Or when there are 2-3 centimeters left if you smoke without filter.

—SWEDISH TOBACCO CO., after consultations with the National Board of Health and Welfare.

the problem. Why, for instance, do so many smokers find it difficult to give up smoking while more than 29 million Americans have done so with no more reinforcement than their own determination? This discrepancy puzzles students of cessation.

Some persons believe that the quit rate would be higher if physicians did more to help smokers break the habit. A national survey of U.S. physicians has indicated that 86 percent believe they should help the patient quit smoking if he wants to. Yet less than 38 percent reported they make it a practice to discuss smoking with their patients.

One physician in Bad Homburg urged, in a learned discussion on music as a therapeutic agent, that music be considered seriously in cessation therapy. Tracing the history of the effect of music on human health since biblical times, the speaker offered documentary evidence of its decisive influence on moods and physical conditions. Music could be an excellent means to help smokers get off the habit, he said. (It so happened that the Bad Homburg conference opened with music—a performance of Kreisler's "Praeludium" in the manner of Paganini, for violin and piano. Later the participants were treated to an entire evening of Brahms and Beethoven.)

A unique help to smokers bent on quitting was

”Gullan lilla, nu har du rökt för långt igen”

Många tycker det är gott med en cigarett ibland.

Undviker du halsbloss och släcker en dryg centimeter framför filtret- eller när det är 2-3 centimeter kvar om du röker utan filter- då röker du på ett vettigare sätt.

Du går inte miste om tobakssmaken men undviker rätt mycket nikotin, tjära och koloxid.



I de första blossen går röken igenom hela cigaretten. Det mesta av nikotinet och tjäran fastnar då i tobaken och filtret.

Ju längre in på cigaretten du röker, desto mindre blir filterverkan.

Släck därför en dryg centimeter före filtret. Eller när det är 2-3 centimeter kvar om du röker utan filter.

reported by Ernest Steed, whose antismoking activities for the Seventh Day Adventists have taken him to a number of countries. In Japan, he said, ex-smokers tack signs on their doors inviting passersby to come in and get free advice on how to quit smoking from someone who has tried and succeeded.

Chewing gum spiked with nicotine must be included as another innovation in cessation techniques. Two scientists from the University of Lund, Sweden, told the London conference of ongoing gum experiments with 300 subjects in Sweden. "It was realized," they commented about the experiments, "that some smoking addicts might be changed into pure nicotine addicts. This risk was deemed justified, since there is good evidence that the harmful effects of smoking are largely due to the inhalation of tar constituents and carbon monoxide and not so much due to nicotine." At the time of the conference the results of the experiments had not yet been reported.

Rights of Nonsmokers

What about nonsmokers? Is the protection of their rights an appropriate subject for discussion at international meetings dealing with the health consequences of smoking? It became a proper subject at the September meetings, probably for the first time at the international level, for two reasons. First, new scientific evidence indicates that passive or secondary smoke can be harmful to nonsmokers. Second, nonsmokers in an ecology-conscious era are becoming more assertive of their rights to breathe air unpolluted by tobacco smoke, which in some ways is the worst form of air pollution.

None of the participants was heard to advocate the outlawing of tobacco, but a few left no doubt about what they thought of tobacco smoke. "The most despicable and lethal invention since gunpowder," one of them said of cigarette smoke. Perhaps the sense of what most of the "misocapnists"—tobacco smoke haters—felt about smoking was expressed by Sir George Godber, Britain's chief medical officer: "Cigarette smoking is a dirty, dangerous, aging practice, but I don't want authority to prohibit it. I just want its practitioners to indulge in it only in private or with fellow-addicts."

The movement to segregate smokers from nonsmokers has gained momentum. In the United States, most airlines now provide nonsmoking sections; a bill before Congress, the Nonsmokers

Relief Act, calls for similar arrangements in trains and buses; the Secretary of Health, Education, and Welfare has issued a directive banning smoking in all HEW conference rooms and providing separate sections for smokers in cafeterias. Other countries have also taken steps to protect the rights of the nonsmoker.

A working group at the London conference recommended that the restriction of smoking in public places be done voluntarily. The group indicated, however, that statutory action should be considered in such places as hospitals, clinics, and educational institutions.

During the discussion on the rights of the nonsmoker, a speaker nostalgically evoked the name of Nosmo King, a British radio comedian who took his name from a No Smoking sign.

One resourceful misocapnist, a school teacher, found the solution to a problem that had bothered him for a long time by attending the London meeting. He buttonholed four distinguished conferees and had them sign a petition to support his appeal to end smoking at faculty meetings at his school. He won; the petition led to a ban on smoking.

Almost as difficult as finding a smoking cessation method that works for all kinds of smokers is finding an effective means of reaching young people to prevent them from starting to smoke. Some have called this the major problem in the smoking and health program. It was probably what the Duke of Edinburgh had in mind in his message to the conference: "The best form of medicine is prevention, and in this case it must be by persuasion."

Dr. Daniel Horn, director of the National Clearinghouse for Smoking and Health, expressed a semantic objection to the use of the word "persuasion" because he felt it meant getting people to do what we want them to do instead of helping them to do what they want to do.

The same point was made earlier by a Bad Homburg speaker in discussing the approach to young people. "Young people admire those who run risks," he said, "so don't stress the frightening aspects of smoking. Let them choose their own approach."

This in fact is what the four young men from Krefeld, Germany, did in developing materials which they showed their elders at both conferences. Adopting the style of cigarette ads which show young smokers enjoying the swinging life, the Krefeld group showed slides and posters of

young people enjoying wholesome activities outdoors in attractive settings without benefit of cigarettes. A printed message citing the health risks of smoking was relegated to a few lines in small type at the bottom of the poster, all low key. In short, their idea is to stress the positive social advantages in not smoking. The young visitors from Germany left London pleased by the action of a working group which decided that in order "to sell good health we must increasingly practice a positive approach."

The story of one youth whose defiant anti-smoking offense became a cause celebre in Copenhagen was reported in London by Dr. T. Egsnose of the University of Copenhagen's Institute of Hygiene. When the young man was arrested for defacing a cigarette billboard in the Danish capital, a number of people rushed to his defense, including Egsnose. "Who is more to blame," Egsnose asked in a letter published in a leading newspaper, "the boy who defaced the ad or the people who paid for the ad?" The case is still pending.

The presence of economists was something of an innovation at smoking and health meetings. In London two economists assessed the impact on the economy of a decline in tobacco consumption. Maurice Peston, a professor of the University of London, said the economic consequences would not be "as serious as sometimes believed, and certainly not as harmful as the damage done to people by the industry's products." He estimated that in the United Kingdom, a decline of 25 percent in the next 5 years might lead to the disappearance of 15,000 jobs, the hardest hit being the tobaccoists. (By contrast, there are an estimated 250,000 sales outlets for tobacco products in the United States, but the impact of a decline in tobacco consumption would probably hit the nation's 600,000 tobacco farmers hardest.)

Yet even in this country, where tobacco is among the five most valuable crops, a decline in production and consumption would not present an economic problem of overwhelming difficulty, in the opinion of economists. Senator Frank Moss of Utah, speaking on this issue at the London conference, conceded that there would be some economic and social dislocation, but it could be eased through job retraining, innovative agricultural methods for new crops, income subsidies, and revision of marketing techniques for those who are dislocated by a change in their economic base.

No attempt will be made here to report on the medical papers presented at both conferences. The medical facts about smoking are well known and, as Sir Richard Doll put it, the new information that becomes available each year is so enormous that it would take more than the time available for the whole conference to report all of it.

A question was raised as to whether we have already reached the limits on medical research. Miss A. J. Dembovitz, of London's St. George's Hospital, thought the antismoking program should direct its attention to other disciplines. "It is now time," she said, "for social sciences to work on the problem. Smoking is now competing with 200 areas of public concern. Environmentalists, sociologists, anthropologists are not much involved in the smoking problem and they should be."

Grist for Environmentalists

To interested environmentalists, the following items are offered from the notes of a post-conference tourist:

- Anyone in need of cigarettes in London after the shops close has no problem. A cigarette vending machine fixed to the wall of a public building down the street has all the popular brands. The sign is marked, "Cigarette Night Sales." Similar machines are available in other European countries.
- Cigarette ad on a train in the London tubes: "Any person found guilty of wilfully throwing away, discarding or otherwise damaging any Corsair double value cigarette coupon will be liable to be regarded by his fellow travelers as a complete idiot."
- Smoking is permitted in London theaters. Two middle-aged women sitting in orchestra seats in front of you at a matinee chain-smoke during the entire performance.
- Smoking is prohibited on single-decker buses in London, and more nonsmoking compartments have been added to tube trains.
- The sign in the Amsterdam deluxe tour bus said, "Niet roken," but the driver and young lady guide smoked anyway.
- The subjects of two Van Gogh paintings in Amsterdam's Municipal Museum are shown smoking cigarettes, ("The One-Eyed Man," 1888, and "Women Sitting in the Cafe du Tabourin," 1887). Yet a macabre death's head painting done in 1886 shows a cigarette clamped in the teeth of a human skull. Did Van Gogh know of the health hazards?